

2079

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila,
District of Globe,
Town of _____
or
City of Globe.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 119

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 213

Local Registrar's No. _____

Full Name of Child Alicia Garcia, Born YES, NO
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive YES, NO

Sex of Child Female Twin, Triplet or other _____ and _____ Number in order of birth _____ Legitimate? Yes No Date of Birth 4 2 1921
Month Day Yr.

Full Name FATHER Joe Garcia,
Residence Globe,
Color or Race Mexican Age at last Birthday 54 Years
Birthplace Mexico,
Occupation Laborer

Full Maiden Name MOTHER Antonia Corrallo,
Residence Globe,
Color or Race Mexican Age at last Birthday 30 Years
Birthplace Mexico,
Occupation Housewife

Number of child of this Mother 3 Number of Children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? Yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on April 2nd, 1921, at 6 A.M.

*When there is no attending physician or midwife, then the householder should make this return.

Signature G. E. Wightman
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 191_____

Address Globe, Ariz.

171-402-136
COUNTY REGISTRAR.

Filed 4/7 1921

Filed 5/5 1921 A True Copy

B. G. Fox
LOCAL REGISTRAR.
B. G. Fox
COUNTY REGISTRAR